

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	
2	/		/				52	
3	/		/				53	
4		/		/			54	
5		/		/			55	
6		/		/			56	
7		/		/			57	
8		/		/			58	
9		/		/			59	
10		/		/			60	
11		/		/			61	
12		/		/			62	
13		/		/			63	
14		/		/			64	
15	/		/				65	
16	/		/				66	
17	/		/				67	
18		/		/			68	
19		/		/			69	
20		/		/			70	
21		/		/			71	
22		/		/			72	
23		/		/			73	
24		/		/			74	
25		/		/			75	
26		/		/			76	
27		/		/			77	
28		/		/			78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL NO.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	